



*Arlington Mortuary*  
arlingtonmortuary.com

### **VITAL STATISTICAL INFORMATION**

In an effort to better serve you and your family, please provide the information listed below to the best of your knowledge. This information is required by the State of California to complete the death certificate and file with the county health department prior to your chosen form of service (*Burial, Cremation or Out of State Arrangements*). If any of the information is not known please mark the area "Unknown". If you have any questions, please feel free to contact one of our arrangement counselors for assistance. Thank you.

Full Name of Decedent: \_\_\_\_\_

AKA Also Known As: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Age: \_\_\_\_\_

Gender: \_\_\_\_\_

City & Birth State/Foreign Country: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Military Service: Yes or No Branch: \_\_\_\_\_

Marital Status: \_\_\_\_\_

Date of Death: \_\_\_\_\_

Hour: \_\_\_\_\_

Education-Grade: \_\_\_\_\_

Race: \_\_\_\_\_

Usual Occupation: *(If retired, please list occupation when employed)*: \_\_\_\_\_

Kind of Business: \_\_\_\_\_

Number of Years in Occupation: \_\_\_\_\_

Decedents Residence *(Street Address)*: \_\_\_\_\_

City/State or Foreign Country: \_\_\_\_\_

County: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Years in County: \_\_\_\_\_

Next of Kin *(Relationship)*: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Spouse's Name if Living: *(Maiden Name Required for Wife)* \_\_\_\_\_

Full Name of Father: \_\_\_\_\_

Fathers Birth State or Foreign Country: \_\_\_\_\_

Full Name of Mother *(Please include Maiden Name)*: \_\_\_\_\_

Mothers Birth State or Foreign Country: \_\_\_\_\_

*I certify that the information I have given is true and correct to the best of my knowledge. I also understand that the information I have given is to be used to complete the Death Certificate.*

Signature:

Date:

Relationship:

Please fax this completed form to: 951-688-5743

Email: [info@arlingtonmortuary.com](mailto:info@arlingtonmortuary.com)

Or feel free to mail completed form to:

Arlington Mortuary  
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